



O.I.P.E.		PATENT DATE
SCANNED	HKM4 Q.A. SA	

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/938706	D	622 435	3261	3700 1030	AKH/AN P. K. H. L. V. E. R.

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Artificial salivary gland

435/325

PTO-2040  
12/59

ISSUING CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
INTERNATIONAL CLASSIFICATION									

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<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input checked="" type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>	
	_____ (Primary Examiner) (Date)			<b>ISSUE FEE</b>	
Amount Due				Date Paid	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____ _____ _____	_____ (Legal Instruments Examiner) (Date)			<b>ISSUE BATCH NUMBER</b>	
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